

October 10, 2000

AN ORDINANCE

BY: TRANSPORTATION COMMITTEE

00- 0 -1583

AN ORDINANCE AUTHORIZING THE MAYOR OR HIS DESIGNEE TO
MAKE THE INTERSECTION OF ST. CHARLES AVENUE, N.E. AT
PONCE de LEON PLACE AN ALL-WAY STOP.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF
ATLANTA, as follows:

SECTION 1. That the intersection of ST. CHARLES AVENUE and PONCE de
LEON PLACE be made an ALL-WAY STOP with STOP signs
installed on all approaches to the intersection.

SECTION 2. That all ordinances and parts of ordinances in conflict herewith
be and the same are hereby repealed.

ZONE _____
INT # _____

Bureau of Traffic and Transportation
Atlanta, Georgia

SPECIAL? _____
ORDINANCE ✓

Phone _____ Office _____ Letter _____ FAX _____

LOCATION

ST. CHARLES AVENUE AT BONAVENTURE AVENUE, NE

ST. CHARLES AVENUE AT PONCE DE LEON PLACE, NE

REPORTED BY

Organization _____

Address _____

Phone _____

CONDITION REPORTED

Date Reported

7/5/2000

THAT THE INTERSECTION OF ST. CHARLES AVENUE AND BONAVENTURE AVENUE, NE, BE MADE A FOUR-WAY STOP WITH STOP SIGNS INSTALLED ON ALL APPROACHES TO THE INTERSECTION.

THAT THE INTERSECTION OF ST. CHARLES AVENUE AND PONCE DE LEON PLACE NE, BE MADE A FOUR-WAY STOP WITH STOP SIGNS INSTALLED ON ALL APPROACHES TO THE INTERSECTION.

COUNCIL DISTRICT #6

ACTION TAKEN

Date Completed _____

Handled By _____

TRANSMITTAL FORM FOR LEGISLATION

To: Greg Pridgeon, Office of the Mayor

From: Department of Public Works

Contact (Names): S. Jordan/J. Banda
404-330-6501

Commissioner's Signature: _____

Manager's Signature: _____

Committee(s) of Purview: Transportation

Committee Deadline: 09/25/00

Committee Meeting Date(s): 10/10/00 & 10/31/00 City Council Meeting Date: 10/16/00

CAPTION: AN ORDINANCE AUTHORIZING THE MAYOR OR HIS DESIGNEE TO
MAKE THE INTERSECTION OF ST. CHARLES AVENUE, N.E. AT
PONCE de LEON PLACE AN ALL-WAY STOP.

BACKGROUND/PURPOSE/DISCUSSION: Received request dated July 5, 2000 to install an
All Way Stop at St. Charles Avenue, N.E. at Ponce de Leon Place (COUNCIL DISTRICT 6).

FINANCIAL IMPACT (if any): None

Mayor's Staff Only

Received by Mayor's Office: _____

9/25/00
(Date)

Reviewed by: _____

JS
(Initials)

(Date)

Submitted to Council: _____

(Date)

Action by Committee: Approved _____ Adversed _____ Held _____ Amended _____

Substitute _____ Referred _____ Other _____